

APR 25 2012

510(k) Summary

Sponsor: Howmedica Osteonics Corp.
325 Corporate Drive
Mahwah, NJ 07430

Contact Person: Valerie Giambanco
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Date Prepared: April 23, 2012

Proprietary Name: Variax Clavicle System

Common Name: Plate, Fixation, Bone

Classification Name: 21 CFR § 888.3030: Single/multiple component metallic bone fixation appliances and accessories.

Proposed Regulatory Class: Class II

Product Codes: 87HRS, 87HWC

Legally marketed device to which substantial equivalence is claimed:

Plate design and Intended Use: Acumed Clavicle Plating System: K112111,
Synthes Clavicle Plating System: K101536 and K000684

Materials & Screws: Variax Elbow: K101056, K073527

Aiming Block: Variax Distal Radius Aiming Block cleared for use via K112455

Device Description:

The Variax Clavicle System consists of anatomically contoured Anterior and Superior Lateral Plates as well as Anterior and Superior Midshaft Plates. The plates are manufactured from Titanium alloy per ASTM F136 and Commercially Pure Titanium per ASTM F 67. The plates are fixed to the clavicle using 3.5mm or 2.7mm locking or non-locking screws.

Indications for Use:

The Variax Clavicle Anterior/Superior Lateral and Anterior/Superior Midshaft Plates are indicated for fixation of single, segmental and comminuted fractures, osteotomies, mal-unions, and non-unions of the clavicle.

Summary of Technologies:

The technological characteristics (material, design, sizes, and operational principles) of the Variax Clavicle components are similar or identical to its predicate devices.

Non-Clinical Testing: Non-clinical laboratory testing was performed to determine substantial equivalence. Fatigue strength and pull-off testing was conducted. The testing demonstrated that the Variax Clavicle system components met performance requirements and are as safe and effective as their predicate devices.

Clinical Testing:

None provided as a basis for substantial equivalence

Conclusion

The Variax Clavicle System is substantially equivalent to the predicate devices identified in this premarket notification.



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Food and Drug Administration
10903 New Hampshire Avenue
Document Control Room -WO66-G609
Silver Spring, MD 20993-0002

Howmedica Osteonics Corp.
% Ms. Valerie Giambanco
Regulatory Affairs Specialist
325 Corporate Drive
Mahwah, New Jersey 07430

APR 25 2012

Re: K113760

Trade/Device Name: Variax Clavicle System

Regulation Number: 21 CFR 888.3030

Regulation Name: Single/multiple component metallic bone fixation appliances and accessories

Regulatory Class: II

Product Code: HRS, HWC

Dated: March 27, 2012

Received: March 28, 2012

Dear Ms. Giambanco:

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act) that do not require approval of a premarket approval application (PMA). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration. Please note: CDRH does not evaluate information related to contract liability warranties. We remind you, however, that device labeling must be truthful and not misleading.

If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 898. In addition, FDA may publish further announcements concerning your device in the Federal Register.

Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act's requirements, including, but not limited to: registration and listing (21

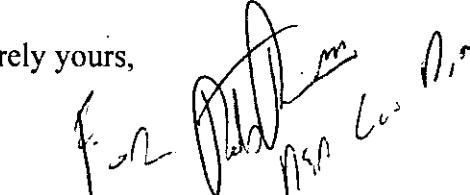
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CFR Part 807); labeling (21 CFR Part 801); medical device reporting (reporting of medical device-related adverse events) (21 CFR 803); good manufacturing practice requirements as set forth in the quality systems (QS) regulation (21 CFR Part 820); and if applicable, the electronic product radiation control provisions (Sections 531-542 of the Act); 21 CFR 1000-1050.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801), please go to <http://www.fda.gov/AboutFDA/CentersOffices/CDRH/CDRHOFFICES/ucm115809.htm> for the Center for Devices and Radiological Health's (CDRH's) Office of Compliance. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21 CFR Part 807.97). For questions regarding the reporting of adverse events under the MDR regulation (21 CFR Part 803), please go to <http://www.fda.gov/MedicalDevices/Safety/ReportaProblem/default.htm> for the CDRH's Office of Surveillance and Biometrics/Division of Postmarket Surveillance.

You may obtain other general information on your responsibilities under the Act from the Division of Small Manufacturers, International and Consumer Assistance at its toll-free number (800) 638-2041 or (301) 796-7100 or at its Internet address <http://www.fda.gov/MedicalDevices/ResourcesforYou/Industry/default.htm>.

Sincerely yours,



Mark N. Melkerson

Director
Division of Surgical, Orthopedic
and Restorative Devices
Office of Device Evaluation
Center for Devices and
Radiological Health

Enclosure

Indications for Use510(k) Number (if known): K113760

Device Name: Variax Clavicle System

The Variax Clavicle Anterior/Superior Lateral and Anterior/Superior Midshaft Plates are indicated for fixation of single, segmental and comminuted fractures, osteotomies, mal-unions, and non-unions of the clavicle.

Prescription Use X
(Part 21 CFR 801 Subpart D) AND/OR Over-The-Counter Use _____
(21 CFR 807 Subpart C)

(PLEASE DO NOT WRITE BELOW THIS LINE-CONTINUE ON ANOTHER PAGE OF
NEEDED)

Concurrence of CDRH, Office of Device Evaluation (ODE)

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(Division Sign-Off)
Division of Surgical, Orthopedic,
and Restorative Devices510(k) Number K113760